

Blood Sugar Imbalance Questionnaire

Name: _____ Date: _____

1.	Pain, discomfort and/or any other symptom between 9 - 11 am	Yes
2.	Difficulty paying attention and/or confusion	Yes
3.	Numbness and/or tingling in the hands, feet, face or around the mouth	Yes
4.	Agitation, easily upset and/or nervous	Yes
5.	Sweating, perspiration and/or skin feels clammy	Yes
6.	Headaches and/or migraines	Yes
7.	Pale skin color	Yes
8.	Clumsy and/or jerky movements such as tremors	Yes
9.	Difficulty speaking	Yes
10.	Feeling anxious and/or anxiety when you get hungry	Yes
11.	Inability to complete routine tasks	Yes
12.	When sleeping you cry out, have bad dreams and/or nightmares	Yes
13.	When sleeping, find that your pajamas and/or sheets are damp from perspiration	Yes
14.	Feel tired, irritable and/or confused when you wake up in the mornings	Yes
15.	Wake up at night feeling restless	Yes
16.	Heart palpitations (beats fast) and/or pounding heart if meals missed or delayed	Yes
17.	Awaken a few hours after falling asleep and/or hard to get back to sleep	Yes
18.	Crave coffee and/or sugar in the afternoons	Yes
19.	Crave sweets	Yes
20.	Eat desserts or sugary snacks on a regular basis	Yes
21.	Binge or uncontrolled eating	Yes
22.	Sleepy and/or tired in the afternoons	Yes
23.	Fatigue that is relieved by eating	Yes
24.	Headaches if meals are skipped or delayed	Yes
25.	Irritable before meals	Yes
26.	Shaky if meals are delayed	Yes
27.	History of family members with diabetes	Yes
28.	Frequent thirst	Yes
29.	Frequent urination	Yes
30.	Blurry vision and/or double vision	Yes
31.	Dizziness and/or light-headedness with or without arising from a sitting or laying position	Yes
32.	Poor memory, forgetful and/or poor and concentration	Yes
33.	General discomfort, uneasiness, or ill feeling	Yes
34.	Weakness or cramps in feet or legs	Yes
35.	Irritability and depression	Yes
36.	Ringing in the ears	Yes
37.	Constant hunger	Yes
38.	Cold sweats	Yes
39.	Depend upon coffee or soda's to get yourself going in the morning	Yes
40.	Rapid heartbeat after eating sweets	Yes
41.	Hungry 1 - 3 hours after eating	Yes
42.	You feel better and/or more calm after eating	Yes
43.	You have a low protein and high carbohydrate diet	Yes
44.	Belching	Yes
45.	Nausea and/or butterfly stomach cramps	Yes

46.	Can't make decisions easily	Yes
47.	Can't work under pressure	Yes
48.	Can't work under pressure	Yes
49.	Get hungry or feel faint unless eat frequently	Yes
50.	Highly emotional and/or moodiness	Yes
51.	Cry easily for no apparent reason	Yes
52.	Moods of depression, "blues" or melancholy	Yes
53.	Worrier, feel insecure	Yes
54.	Fearful	Yes
55.	Feel faint if meal is delayed	Yes
56.	Fatigue relieved by eating	Yes
57.	Eat when nervous	Yes
58.	Nibble between meals because of hunger	Yes
59.	Lack of energy	Yes
60.	Reduced initiative	Yes
61.	Sleepy after meals	Yes
62.	Sleepy during the day	Yes
63.	Symptoms come before breakfast	Yes
64.	Muscle pain	Yes
65.	Do you drink any form of alcohol	Yes
66.	Do you take the prescription medication haloperidol or haldol	Yes
67.	Do you take the prescription medication Pentamidine or Pentam 300	Yes
68.	Do you take prescription and/or over the counter medication that contains Salicylates (aspirin)	Yes
69.	Do you take the prescription medication sulfonamides	Yes



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